## DEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

1087-251

CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER THAN		
TOTAL CLAIMC			(Column 1)		(Column 2)			TYPE		OR		L ENTITY	
TOTAL CLAIMS			15		:			RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		$\cdot p$			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		9			X40=		OR	X80=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+135=		OR	+270=		
* if	the difference	in column 1 is	less than zero, enter "0"			column 2	Į	TOTAL	355	OR	TOTAL		
CLAIMS AS AMENDED - PART II										10	OTHER	THAN	
		(Column 1)	(Column 2) (Column 3)			SMALL ENTITY			OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MU	Minus	***	CLAINA	=		X40=		OR	X80=		
-	1 111011111202	INTALION OF MIC	DETIFIE DE	FENDENI	CLAIM			+135=		OR	+270=	·	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	^	DDII. FEE L		,	ADDIT, FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus ·	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEI	PENDENT	CLAIM		<b> </b>	405		Ŭ,			
							L	+135=		OR	+270=		
							Αl	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY ,	PRESENT EXTRA		RATE	ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		or I	X\$18=		
	Independent	*	Minus	***		=	-	X40=		ŀ			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=	· I	OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE		
7	The "Highest Num	mber Previously Paid	iu For IN IHI I For" (Total o	o SPACE is r Independe	nt) is the	า 3, enter "3." highest number			opriate box				